

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10541635

Filing Date

Applicant(s) **Vladimir Stoy**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14		1				
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16		1				
17	1					
18		1				
19		1				
20		1				
21	1					
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27		1				
28		1				
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31	1					
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33		1				
34		1				
35		1				
36		1				
37	1					
38		1				
39		1				
40		1				
41	1					
42	1					
43		1				
44						
45						
46						
47						
48						
49						
50						
Total Indep.	9		0		0	
Total Depend.	34	↙	0	↙	0	↙
Total Claims	43		0		0	

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
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